

North Dakota

Data as of May 2004

Mental Health and Substance Abuse Services in Medicaid and SCHIP in North Dakota

As of July 2003, 55,620 people were covered under North Dakota's Medicaid/SCHIP programs. There were about 53,500 enrolled in the Medicaid program and 2120 in the separate SCHIP program. In state fiscal year 2002, North Dakota spent \$441 million to provide Medicaid services.

In North Dakota, low-income children may be enrolled into the Medicaid program, an SCHIP Medicaid expansion program, or a separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves children through age 5 in families with incomes of no more than 133% FPL and children ages 6 through 18 in families with incomes of no more than 100% FPL.
- The Medicaid expansion program serves all children who meet the Medicaid income requirements but have more assets than otherwise allowed under Medicaid.
- The Separate SCHIP program (called Healthy Steps) serves uninsured children through age 18 from families with incomes of no more than 140% FPL who do not qualify for Medicaid or the Medicaid SCHIP expansion.

The North Dakota Medicaid program requires those who qualify for Medicaid as a member of a low-income family or child to enroll into their Primary Care Case Management (PCCM) program. In one area of the State these beneficiaries can instead elect to join a comprehensive Managed Care Organization (MCO). Those who join the MCO are required to obtain all mental health and substance abuse services from the MCO. All other beneficiaries receive mental health and substance abuse services through the fee-for-service system. As of July 2003 there were 806 enrolled in the comprehensive Managed Care Organization and 34,373 were enrolled in the PCCM.

Children who participate in the Healthy Steps program receive all of their care through a fee-for-service delivery system.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families who could have qualified for AFDC under the rules in effect on July 16, 1996. To qualify, families must have incomes of about 40% FPL or less.
2. Low-income families transitioning from Medicaid with incomes of no more than 185% FPL.
3. Pregnant women and children through age 5 from families with incomes of 133% FPL or less.
4. Children ages 6 through 18 in families with incomes of 100% FPL or less
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals who meet the SSI definition of disability and have an adjusted monthly income of no more than \$564 if an individual/\$846 if a couple.
2. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution..

Medically Needy

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Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses.

1. Pregnant women
2. Children under age 20
3. Aged, Blind, and Disabled

Waiver Populations

North Dakota does not have an 1115 waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service North Dakota Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that North Dakota must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient	Psychiatric services provided in the specialized wing of an acute care hospital. Detoxification services are provided on a medical floor or in an intensive care unit of a hospital.	<ul style="list-style-type: none">• Services must be prescribed by a physician and prior authorized by the Medicaid agency or its designated agent• A psychiatric stay in a distinct part psychiatric unit of a general hospital may no last longer than 21 days, except children under age 21 may be authorized for more days under EPSDT.• A beneficiary may receive no more than 45 days of inpatient mental health or chemical dependency treatment per year, except children under age 21 may be authorized for more days under EPSDT.• To qualify for services the beneficiary must<ul style="list-style-type: none">- Be mentally ill or chemically dependent- be in imminent danger of harming self or others

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Care	Medicaid-covered substance abuse and mental health services that would be covered if provided in another setting.	Mental health and substance abuse services provided in an outpatient setting must meet the same requirements as those provided in another setting, including the requirements for providing practitioner.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide the same mental health and substance abuse services as any other provider-as long as the personnel providing the service meet the same qualifications as other providers.	Mental health and substance abuse services provided in an FQHC or RHC must meet the same requirements as those provided in another setting, including the requirements for providing practitioner.

Physician Services

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Service	Description	Coverage Requirements
Physician Services	Evaluation, diagnostic and treatment services.	<p>The service must</p> <ul style="list-style-type: none"> Be provided by a practitioner acting within his/her scope of licensure Meet the coverage requirements as those provided by another type of provider (described in other service categories)

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	<p>Under EPSDT children may receive</p> <ul style="list-style-type: none"> More services than otherwise covered by Medicaid Services that can be covered under federal Medicaid law but that North Dakota has chosen not to cover. 	<ul style="list-style-type: none"> To qualify for services the beneficiary must be under age 21 The service must be needed to treat or ameliorate a condition identified in an EPSDT screen.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Licensed Psychologists	Evaluation, diagnostic and treatment services provided by a licensed psychologist	<p>Beneficiaries may not receive more than the following amounts of service without prior authorization from the Medicaid agency</p> <ul style="list-style-type: none"> 1 evaluation per year 40 therapy visits per year 4 units of psychological testing per year

Clinic Services		
Service	Description	Coverage Requirements
Human Service Centers (HSC)	<p>Services provided in a human service center or a satellite location, including</p> <ul style="list-style-type: none"> Clinical services <ul style="list-style-type: none"> Individual, group, family or marital/couple therapy Medication management Psychological, psychiatric, addiction, or other clinical evaluation Chemical dependency outpatient treatment programs, including opioid treatment Rehabilitation services including <ul style="list-style-type: none"> Residential therapeutic services Intensive-in-home Crisis intervention and behavioral intervention SMI (seriously mentally ill) day treatment SMI case management service 	<ul style="list-style-type: none"> Beneficiaries may only obtain services from an HSC that have been ordered by an affiliated physician or psychiatrist who must perform an initial face-to-face interview with the recipient. These services may be provided only as part of a treatment plan that is reviewed and updated annually. Beneficiaries may only obtain rehabilitation mental health services for treatment of a DSM-IV (diagnostic and statistical manual of mental disorders) diagnosis relating to a mental, emotional or behavioral condition.

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Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric services	Evaluation, diagnostic, and treatment services provided in a psychiatric hospital	<ul style="list-style-type: none"> To qualify for services beneficiaries must be under age 21 at admission. All admissions must be prior authorized by the Medicaid agency.

Rehabilitative Services		
Service	Description	Coverage Requirements
Ambulatory Behavioral Health Care Program	<ul style="list-style-type: none"> Services <ul style="list-style-type: none"> to mentally ill or chemically dependent beneficiaries in a hospital based or psychiatric hospital program, That consist of a multidisciplinary team that delivers multiple modalities of treatment to fit individual clients. 	<ul style="list-style-type: none"> Beneficiary must be mentally ill or chemically dependent All services must be prior authorized by the Medicaid agency Adult beneficiaries may receive no more than the following amounts of services. (Children may receive greater amounts under EPSDT with the prior authorization of the Medicaid agency) <ul style="list-style-type: none"> 30 days per calendar year of Level A services (4-11 hours per day; 3 to 7 days per week) 15 days per calendar year of Level B services (3 hours per day; 2-7 days per week) 20 days per calendar year of Level C (Chemical dependency services delivered for 1 to 3 hours per day; up to 3 days per week.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services to assist qualified beneficiaries to access needed care, including <ul style="list-style-type: none"> Assessment, development of case plans, crisis intervention ongoing monitoring and follow-up services, and Discharge planning 	<ul style="list-style-type: none"> Services available to <ul style="list-style-type: none"> chronically mentally ill adults severely emotionally disturbed children Alcohol and/or other drug dependents to the extent that the person's health is substantially impaired or endangered or economic functioning is substantially disrupted. family members of children who are at-risk of physical, mental, or emotional dysfunction if, among other things, the primary caregiver has a mental illness, developmental disability, or substance abuse disorder. Beneficiaries must meet functional impairment requirements

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

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The SCHIP Medicaid expansion serves all children through age 18 who do not qualify for Medicaid solely because they do not meet the Medicaid assets test. (This test has now been eliminated for all low-income families and children, but SCHIP laws were used as the authority for eliminating the test for children.)

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage in Healthy Steps is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program serves children ages 0 through 18 in families with incomes up to 140% FPL and who do not qualify for Medicaid.

What Mental Health/Substance Abuse Services are Covered by Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. In North Dakota the benefit package must be at least actuarially equivalent to the Public Employee Retirement System Health Care Plan with vision and dental coverage added for the SCHIP program. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

Inpatient		
Service	Description	Coverage Requirements
Substance Abuse	Substance abuse services, including detoxification and partial hospitalization, provided in an inpatient hospital setting	<ul style="list-style-type: none">• SCHIP enrollees may receive up to 60 days of inpatient substance abuse services per year• SCHIP enrollees may receive no more than 5 days of detox services in any one substance abuse inpatient admission• SCHIP enrollees may receive no more 120 days of partial hospitalization for substance treatment per year
Mental Health	Mental health treatment services, including partial hospitalization, provided in an inpatient hospital setting	<ul style="list-style-type: none">• SCHIP enrollees may receive up to 60 days of inpatient mental health treatment per year• SCHIP enrollees may receive no more 120 days of partial hospitalization for mental health treatment per year

Outpatient		
Service	Description	Coverage Requirements
Substance Abuse	Outpatient substance abuse services are services delivered <ul style="list-style-type: none">• in a setting other than outpatient hospital• by a<ul style="list-style-type: none">- physician,	<ul style="list-style-type: none">• Outpatient services for both substance abuse and mental health treatment is limited to 30 hours per year• Outpatient substance abuse treatment is limited to 20 visits per year

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	<ul style="list-style-type: none"> - addiction counselor, or - clinical psychologist. • case management and opioid treatment are not covered 	
Mental Health	<p>Outpatient mental health services include individual and group therapies that are delivered</p> <ul style="list-style-type: none"> • in a setting other than outpatient hospital • Provided by a <ul style="list-style-type: none"> - physician, - psychologist, - social worker, or - psychiatric nurse. • case management is not covered 	<ul style="list-style-type: none"> • Outpatient services for both substance abuse and mental health treatment is limited to 30 hours per year

Residential		
Service	Description	Coverage Requirements
Substance Abuse/Mental Health	Mental health and substance abuse treatment services delivered in a residential facility.	Beneficiaries may receive no more than 120 days per year of residential treatment for either substance abuse or mental health